

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90270 022 \*\*\*\*55.00

**DOCUMENT # L00000004621**

1. Entity Name

**MBS MARKETING & BUILDING COMPANY, LLC**

Principal Place of Business

**8680 SW HIGHWAY 200  
 Ocala FL 34481**

Mailing Address

**8680 SW HIGHWAY 200  
 Ocala FL 34481**

2. Principal Place of Business

**1217 SE 7th Street**

3. Mailing Address

**1217 SE 7th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ocala, Florida**

City & State

**Ocala, Florida**

Zip

**34471**

Country

**USA**

Zip

**34471**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ZACCO, CHRIS  
 8680 SW HIGHWAY 200  
 Ocala FL 34481**

7. Name and Address of New Registered Agent

Name

**Chris Zacco**

Street Address (P.O. Box Number is Not Acceptable)

**1217 SE 7th Street**

City

**Ocala,**

**FL**

Zip Code

**34471**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**Chris Zacco**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-24-02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
 NAME **ZACCO, CHRIS**  
 STREET ADDRESS **8680 SW HIGHWAY 200**  
 CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Zacco, Chris**  
 STREET ADDRESS **1217 SE 7th Street**  
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Chris Zacco, Managing Member**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**(352) 875-7667**

0041140

CR2E083 (9/01)